

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213501289					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE NORTHERN ASSURANCE COMPANY OF AMERICA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLES F MIDKIFF MIDKIFF MUNCIE & ROSS PC 300 ARBORETUM PLACE STE 420 RICHMOND, VA 23236</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: F1026683</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>60,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	60,000	
CLASS	AUTHORIZED						
COMMON	60,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 601 CARLSON PARKWAY SUITE 600</p> <p style="text-align: center;">CITY/ST/ZIP: MINNETONKA, MN 55305</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL H MCDONOUGH TITLE: SR VP/CFO ADDRESS: 601 CARLSON PKWY STE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PAUL H MCDONOUGH TITLE: SR VP/CFO ADDRESS: 601 CARLSON PKWY STE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: VIRGINIA A MCCARTHY TITLE: SECRETARY ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: VIRGINIA A MCCARTHY TITLE: SECRETARY ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: T. MICHAEL MILLER TITLE: PRESIDENT ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	T. MICHAEL MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	DENNIS A. CROSBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1720 WINDWARD CONCOURSE SUITE 325		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		
NAME:	SEAN W. DUFFY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	MAUREEN A. PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP & GC		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	JOSETTE D. KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP & CUO		
ADDRESS:	8000 IH 10 WEST SUITE 1045		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230		
NAME:	BRIAN D. POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	PAUL F. ROMANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 SCOTT SWAMP RD.		
CITY/ST/ZIP/CO:	FARMINGTON, CT 06032		
NAME:	PAUL J. BREHM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	DANA P. HENDERSHOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	150 ROYALL ST.		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	SCOTT W. MCCLINTOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP & CIO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS N. SCHMITT SR. VP 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C. TREACY TREASURER 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ VIRGINIA A MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		VIRGINIA A MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE		1/10/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					